

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

13cv 7208 (WHP)

Candido Jerez  
3491314206

(In the space above enter the full name(s) of the plaintiff(s).)

Second Amended  
COMPLAINTunder the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

-against-

Santo Liz #2686

New York City

City of New York

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

SEP 12 2014

PRO SE OFFICE

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

CANDIDO JEREZ

ID #

3491314206

Current Institution

GMDC

Address

15-15 HAZEN ST.  
EAST ELMHURST N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

SANTO LIZ

Shield # 2686

Where Currently Employed

Address

USDC SDNY

DOCUMENT

ELECTRONICALLY FILED

DOC#

DATE FILED:

9/12/14

Defendant No. 2      Name City of New York      Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_

Defendant No. 3      Name New York City      Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_

Defendant No. 4      Name \_\_\_\_\_      Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_

Defendant No. 5      Name \_\_\_\_\_      Shield # \_\_\_\_\_  
                                  Where Currently Employed \_\_\_\_\_  
                                  Address \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Where in the institution did the events giving rise to your claim(s) occur?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Facts: On March 15 2013 I was asking to see the EMT worker 'cause I had chest pain and needed to go to the hospital; I was denied an interview with the EMT worker (personnel) by officer Santo Liz. I then looked into EMT station and lights were out; it was purely dark no one to be seen

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I was pushed and shoved by officer Santo Liz repeatedly, so as to feel the pain in my ankle ~~was~~ caused by the chains of the manacles (hand/feet) cuff. I was rear cuffed. I went down in pain and protested; only to be dragged on down the hall on the floor. So I painfully got up; and again officer Santo Liz commence to prod me with pushes and shoves. I got upset and motion a protest with my manacled foot; only to be forcefully slammed to the ground by Santo Liz. First, handcuffed behind my back and manacled <sup>my</sup> hands had no way of stopping my inevitable collision with the upcoming concrete floor nor could I aid myself in anyway. All in front of 6 Co-defendants which were arrested with me on

III. Injuries: W 37<sup>th</sup> St. Between 10<sup>th</sup> and ... 9<sup>th</sup> or 11<sup>th</sup> ave

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I ended up with about 6 stitches above my right eye on the side of my face. I woke up in the hospital with left knee hurting me and a migraine headache. I then asked "what happened?" All this happen on March 15 2013 in front of 5 or 6 Co-defendants we were all arrested together on W 37<sup>th</sup> St Between 10<sup>th</sup> & 9<sup>th</sup> or 11<sup>th</sup> ave.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

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1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

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2. What was the result, if any? \_\_\_\_\_

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Six million dollar for physical pain and suffering; Mental anguish and punitive damages. And to deter such (unlawful activities by officers) turning rampid and flagrantly attacking those they are suppose to take care of while in custody and else where.

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**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

On these claims



- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No \_\_\_\_\_

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff CANDIDO Jerez

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

USDC Southern District of NY - Foley Square

3. Docket or Index number 1:13 CV 8822 (AT)

4. Name of Judge assigned to your case Anolisa Torres

5. Approximate date of filing lawsuit Cause 42:1983 Prison C.v Rights

6. Is the case still pending? Yes ☒ No 12/11/2013

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of August, 2014.

Signature of Plaintiff

Candido Jerez

Inmate Number

3491314206

Institution Address

GMDC

15-15 Hazen St

East Elmhurst

~~NY~~ - NY - 11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of August, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

\_\_\_\_\_



Candice Jerec  
65 Griffen St.  
Stratford Conn 06615

Notice:  
New Address:  
US MAIL  
2014 SE

To:

Pro SE Office  
United States District Court  
Southern District of New York  
Daniel Patrick Moynihan U.S. Court  
500 Pearl Street Room 230

New York N.Y. 10007

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